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## POWER OF ATTORNEY Sept. 10,2007 Filing Date OR Anthony G. Day et al. First Named Inventor REVOCATION OF POWER OF ATTORNEY TGF-Beta Suppported and Binding Peptides Title WITH A NEW POWER OF ATTORNEY Art Unit Bradley. Christina Examiner Name CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number GC826-2-US I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint Practitioner(s) associated with the following Customer 05100 X Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OB I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Registration Number Practitioner(s) Name Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number. The address associated with Customer Number: OR Firm or Individual Nam Address Zip State City Country Fmail Telephone I am the: Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete USH / LIP process) an application. Combentainty is governed by 30 U.S. / 122 and 3 / L.P. 1.11 and 1.14. This consection is estimated to set of must be completely included galanting preparing, and submitting the completed application from to the USPTO. Time way of eportinging upon the infolding class. Any comments of the amount of time you require to complete this form and/or suppession for reducing this burden, should be set to the Called Times to the Called Times and the amount of time you require to complete this form and/or suppession for reducing this burden, should be set to the Called Times and the amount of time you require to complete this form and/or suppession for reducing this burden, should be set to the Called Times and the set of the Called Times and the Called ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

SIGNATURE of Applicant or Assignee of Record

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one

Date

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on

Vice President of IP Strategy & Chief IP Counsel

Donne 02

Soonhee Jang

forms are submitted.

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Title and Company

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